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nay b	page 3	3. SE		I4 RACE		5. DATE OF B		-	6. AGE (IN YEARS LAST	BIRTHDAY)	12/83	IF UNDER 24 HRS	
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BURNAL JULY 14, 1932 HATTOWAL MEMBRIAL PARK FALLS CHINCH SATREX VA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME aka Annie Colone YEAR 2b. HOUR 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-ANN COLONA 1983 6 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. YEAR DATE OF BIRTH IF UNDER 24 HRS SEX DATE 1404.46 (AST BIRTHDAY) MONTHS PRONOUNCED black Aug. 11. female DEAD 1883 am BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Worcester County Md WIDOWEDX DIVORCED 176 KIND OF BUSINESS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Berlin - Flowers St. Berlin Land ine worker noultry USUAL RESIDENCE (IF IN NURSIN HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Railread De Sussex Selbyville NO L LA FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST Handy Handy Mamie Brandt 18. GIVE PAG WITH FORW IIT. PAGES ;, DIWISION O 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS IAL SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 221-10-5361 Hilda Purnell - Selbyville, Del. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DICREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE OF EXECUTE THE OFFIT WRITING THE WORLD PAGE 4 SHOULD BE FORWARDED TO THE CONTROLL OF THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARY MAN, 21201 PRIOR TO BURNAMENT OF HE STATE DEPARTMENT OF HE STATE DE YES X NO [710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 7-6-1983 Subject run over by bulldozer TE PLACE OF INJURY TATHOME 7 If LOCATION CITY OR TOWN WHILE AT WORK Fill Flowers St Berlin Berlin Land Worcester Md. 220. I certify that I took charge of the remains described above, held on and in my opinion Accident X Suicide Hamicide Undetermined monner death resulted from: Notural causes TITLE (SPECIFY) ACTUAL SIGNED_ 7-7-83 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME M.D. 111 Penn St., Balto., Md. 21201 Ann M. Dixon. 730 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial 83 Curtis Cemetery Bishopville 24 FUNERAL DIRECTOR **DHMH - 17** ADD Millsboro, Del. (VR A15 ME (5)) 20M 4/B2

William Control of the Control of th . December 1985 - Leise Bernstein Bernstein Leise Bernstein Bernstein Leise Bernstein Bernstein

94	1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 REG. NO. 0 5 9							
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	3. SEX	Tale White 3	OF BIRTH DAY YEAR LAST BIRTHDAY MON 5 YRS. EN OF WHAT COUNTRY? 8	DEAD	MONTH DAY YEAR 24 HOUR 7-25 1983 1130 TY OR COUNTY OF DEATH			
E S FEE	10. CI	EW JEISCY TY OR TOWN OF DEAU	MARI WIDON E OF HOSPITAL, NURSING HOME, OR OT	RIED NEVER MARRIED WO WOOD DIVORCED WOOD WOOD HER INSTITUTION 120. USUAL OCCUPATION	TEESTEP MD.			
NY DELAY IN DELAY IN DELAY IN PAGE AND PAGE AND PAGE FILL OR PAGE AND PAGE	USU/ 130. S	new Hill Nas	T IN SUCH FACILITY, GIVE STREET ADDRESS) SOWOND DUM TITUTION, GIVE RESENTENCE BEFORE ADMISSION) 13c, CITY OR TOWN	FOR MOST OF WORKING LIFE) OWNER A 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	Auto Agency			
MD. 21201 FATH. IF ANY PA S. 1, 2, AND PA S. RETU UQ 2 S. MOLU UATAL RECO	NE	THER'S NAME MIDDLE	n Cherry Hill	YES NO BO MEN'S MAIDEN NAME FIRST MIDDLE	an Relation			
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, DO . T.		18. CAUSE OF DEATH (Enter only one cous PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(0) MYOCARDIAL	INFARCTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FEW MINUTES			
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ON OF THE WE TO THE FOULD	MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	OUR A.M. MONTH DAY YEAR P.M. 19	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)			
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EXAMINER: CERTIFICATE ILD BE FOR DIRECTOR: WITH THE ARYLAND, 2		22a. I certify that I taak charge of the re death resulted from: Natural causes	mains described obave, held an Auto Accident , Suicide	psy , Inspection , Inquiry , Homicide , Undetermined monner [TITLE (SPECIFY)	and in my opinion			
DICAL BETHE OF SHOULD BE A SHOULD BE ATH.	1	ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME	Infurett !	M.D. <u>DEPUTY</u> MEDICAL EXAMINER	DATE SIGNED 7-25-39			
TO W EXEC PAGE TO FI	23a. B	ITYPE OR PRINT) STATE JRIAL, CREMATION, REMOVAL 236. DATE FY)	L. Statzworth	ADDRESS 209 THEMPONS ST.	WORN HILL MID. 21865			
999 (N A15 ME(5))	24. F	INERAL DIRECTOR F. Deinnis	ADDRESS	250, DATE REC'D. BY REGISTRAR 2587	SEGISTRARS SIGNATURE			

STATE OF MARYLAND

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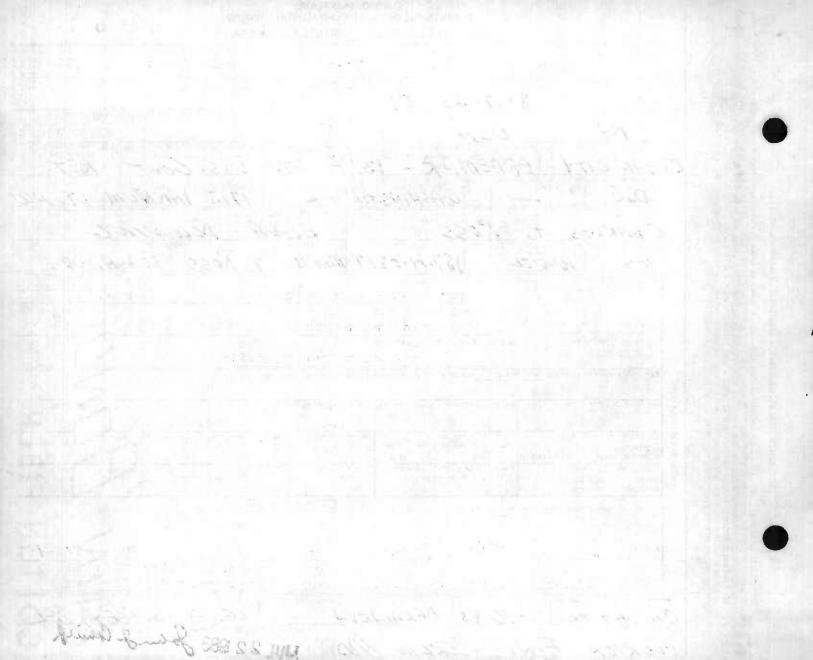
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S NEGESSARY, PLEASE FUNERAL DIRECTOR. OUR FILES. THEM 72 HOURS PRESTON STREET,		xas	146	U.S.A. WIDOWED DIVORCED Worcester Co						County	unty			
AY IS NEC	10,81	TY OR TOWN OF DE	ATH	11. NAME OF HOSP	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF							OPE 1126 KIND OF BUSINESS		
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H. H.	M. F/	THER'S NAME		MIDDLE	LAST	1 (5)	15 MOTHER'S MAIL	_	MIDDLE		1241			
RORE, MD R DEATH. AGES 1, 2 RM PM 1 OF VII	He	rbert		M.	Planer		Katherin	ne		White				
A SA	16a V	VAS DECEASED EVE			166. SOCIAL SECURI	Y NO.	17. INFORMANT		ADDRE		dress Same as			
T., BALTIMORE, MD. 21201 UNDS AFTER DEATH. IF ANY 18. GIVE PAGES 1, 2 AND WITH FORM PM 3. HE AND W	No	ES, NO, OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	217-92-7614		Mr. Herbert M. Planer No							
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG W RE3 SHOULD BE USED AS A BURAL—TRANSIT PERMIT. E DEPARMENT OF HEALTH AND MENTAL HOVEINE, BOTO PRICE TO BE USEN.		PART I DEATH V	MAC CALIFFE !	one couse per line f							APPROXIMATI BETWEEN ONSE	T AND DEATH		
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MER PLA		deoth resulted from: A Natural causes Accident , Suicide , Hamicide XX Undetermined manner ,												
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ER CUT	1	(TYPE OR PRINT)	Mana	arita A	Korell, M.C		ADDRESS1	11 Penr	Street					
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATEDE BATTIMORE, MARYLAND, 21201 P	23a B	URIAL, CREMATION,			23c. NAME OF CE			123d. LOCA	TION					
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Dissolution of the second	18.	CAUSE OF DEATH (Enter only	one couse per line t	187-14-01 for (a), (b), and (c).)	317 MAR	ION T.	KOSS	u	ASK	APPROXIMA	ATE INTERVAL SET AND DEATH
AL.		5860	CAUSE (o)	cardiopul as a consequence		arrest			7	BETWEEN ON	SET AND DEATH
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Z		T 2 OTHER SIGNIFICANT CONDITIONS C	(c) Ontributing to Death B			enal fail	Lure				
CERTIFICATION	190	DATE OF OPERATION	19h CONDIT	ION FOR WHICH OPER	ATION WAS PERFO	RMED?				20. AUTOPS	
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		220. I certify that I took charge eath resulted from: Natura	V		Autopsy ,	Inspection X,	Inquiry [in my opi	inion	
	AC SIC	TUAL GNATURE /	mothy	E. Bun		SPECIFY) eputy MEDI	ICAL EXAMIN	IER _	DATE SIGNED		14/83
2/		AMINER'S NAME PE OR PRINT) Timoth		inum, M.I		16th.	. st.	City and P	, M	d. 218	342
(10	C.CREMATION, INCHOVAL 23	7-16-8	3 DELM	AETERY OR CREMAT	IORY 23d. LO	OCATION OR JOWN	SC SC	COUNTS COUNTS	X A	EL
V	14		A ADDRESS	BERLIN.	Mo.	UUL 22	1983	John	3	taking	100



					MARYLAND	0 (0	. / /2		
10	1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH								
/ 4	REGIS 1. DECEASE		RST MID		CERTIFICATE	KEG. NO.			
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	Maryl	and	U.S.A	• WIDO		CED Worchester	MD.		
A PRINCE	Ocean	City	26th & Ph	iladelphia A		120 USUAL OCCUPATION (TYPE OF WO	ORK 126. KIND OF BUSINESS OR INDUSTRY		
CONTRACT	Wat RES	136,12		CITY OR TOWN	YES NO DE	STREET ADDRESS 1451 Clairidge	Rd. 2122B		
1 A A	M. FATHER	SNAME		00011002220	IS MOTHER'S MAID	EN NAME			
7/1	Geor		MIDDLE	wards	Aprile	WIDDLE	Frank		
20 noising	160. WAS D	CEASED EVER IN U.S	S, GIVE WAR OR DATES)	5. SOCIAL SECURITY NO. 20-05-8549	IV. INFORMANT	ADDRESS Cat Shewbridge - 1451	tonsville, MD.		
MEDICAL EXAMINER ALONG AS A BURIAL-TRANSIT PERMIT ALTH AND MENTAL HYGENE, I EMATION, OR REMOVAL.	PART 1	Canditians, if any, gave rise to imme couse (a) stoting the uying couse last.	which diote DUE TO, OR AS A	CONSEQUENCE OF rdiag dise CONSEQUENCE OF		ART 1 (a):			
민보용	19a. C	DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?		
IOR TO BURNAL,	0	XTERNAL CAUSE WA		JRY 216	HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM 18 PART)	YES NO DR PART 2)		
00	CON 21d. II	TRIBUTING CAUSE	21e. PLACE OF IN		LOCATION STREET	CITY OR TOWN	COUNTY STATE		
ID BE FOR IRECTOR: INTECTOR: INTECTO	deo	th resulted from:	charge of the remains describe Notural causes X, Acci	d above, held on Audent . Suicide .	opsy , Inspection, Homicide ,	Undetermined manner .	ny opinion		
PAGE A SHOULD PAGE A SHOULD AFTER DEATH, WIT BAUTMORE, MARY	SIGN	AINISP(S NIAMS	imothy E. Ba	inum MD	M.D. <u>deputy</u> ADDRESS_16+b	MEDICAL EXAMINER SH	re Ocean City,		
PA PA BA	(SPECIFY)	CREMATION, REMOV	AL 23b. DATE	23c. NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNTY Md. 21842		
	Bur		Aug. 1, 198			Glen Burnie A	A.A. MQ.		
AH - 17 5 ME (5)) 7/73	1630	Edmendsor	sell C. Witzki Ave., Catons	e Funeral Ho ville, MD. 2	1228 ASO DATE	G 2 SO REGISTRAR 256 REGISTRAL	r's gig Nature Ligh		

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261	- 3	FOR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF ALL 2 REVINO.	6 3
IS NECESSARY, PIEASE FUNERAL DIRECTOR. EE 5 FOR YOUR FILES. ED, WITHIN 72 HOURS. IN	3 50	EX 4 RACE S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) BIRTHPLACE (STATE OR OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OR COLOR OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OR COLOR OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OR COLOR OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	1983 6P
21201 ANY DELAY AND BETAIN, PACHOLD BE FILE RECORDS, 20	10 C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) 12. USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE) 13. CITY OR TOWN 14. WATCRESTEE 15. STREET ADDRESS	ALL ALL MIND OF BUSINESS OR INDUSTRY
TIMORE, MI TER DEATH. F PAGES 1.1.5 FORM PM. ES 1 AND 2 ON OF VITA	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? VAS DECEASED EVER IN U.S. ARMED FORCES? VES. NO DRUNKNOWN) (IF YES, GIVE WAR ORD TO) 106 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 27 17 17 19 10 11 11 11 11 11 11 11 11 11 11 11 11	Parker
201 W. PRESTON ST., UTED WITHIN 24 HOUR IN PENCIL IN ITEM 18. EXAMINER ADONG W. HAL- TRANSIT FERMIT. D MENTAL HYGIENE, D ON, OR REMOVAL.		TRACE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COROMARY THROMBOSIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF V(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH INTERPRESENTATE SEV. YRS
VISION OF VITAL RECOI ERTIFICATE SHOULD BE ITING THE WORD "PERDIDIF ED TO THE CHIEF MEDIO 3 SHOULD BE USED AS A PERDAR OF HEALTH PRIOR TO BURIAL, CREW	MEDICAL CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS APPROXIMATELY TO BE CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 210. PLACE OF INJURY (ATHOME. 211. LOCATION	YES - NO M
DIV TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my death resulted from: Natural causes Accident Suicide	apinian
Ada TO ARE EXECUTED TO FINAL PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		SURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY ON CREMATION 236. LOCATION BUTTON	W HUL Mo. 63
DHMH-17 (VRA15 ME (5))	1	Norman F. Denni's Snew Hill Mil AUG 0 1	SIGNATURE

- KIDLE EMES ST. Conditions Follow wonding Bend South man - NER 16/11.50 (1803 Yes WIE In 25 27 1 James & Ward Brownson The Fred 83 Mercland Wem, Part Ballimere, Prairie BUNGE Virginia F. Dennis Sweet Hill Ind